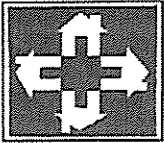


(252) 637-5600 Office
(252) 637-3911 Fax



REAL ESTATE PLUS INCORPORATED
MANAGEMENT SERVICES

Application for Residency With Management Services

Today's Date _____ Type of Housing Wanted _____ No. Of Bedrooms _____
Desired Date of Occupancy _____ Desired Lease Term-12 Months _____ 6 Months _____ 3 Months _____
Reason for Moving _____
Desired Price Range _____ to _____ Do You have Pets? Yes _____ No _____
If Yes, How Many? _____ Type(s) _____ Age(s) _____
Names(s) _____ Weight(s) _____

Applicant Information (Please Fill Out All Information Completely, This Will Expedite Processing)

Name _____ Birth date _____ Phone No. _____
Drivers License # _____ State Issued _____ Social Security # _____
Address _____ County _____ City _____ State _____ Zip Code _____
Current Landlord _____ Landlord Phone # _____ Zip Code _____
Landlord Address _____ City _____ State _____ Phone # _____
Current Employer _____ State _____ Zip Code _____
Employers Address _____ City _____ Length of Employment _____ Years _____ Months _____
Occupation _____ Title _____
Name of Supervisor _____

Previous Residences for the Last 3 Years

Address _____ City _____ State _____ Landlord _____ Landlord Phone # _____ From/To _____

Co-Applicant Information

Name _____ Birth date _____ Phone No. _____
Drivers License # _____ State Issued _____ Social Security # _____
Address _____ County _____ City _____ State _____ Zip Code _____
Current Landlord _____ Landlord Phone # _____ Zip Code _____
Landlord Address _____ City _____ State _____ Phone # _____
Current Employer _____ State _____ Zip Code _____
Employers Address _____ City _____ Length of Employment _____ Years _____ Months _____
Occupation _____ Title _____
Name of Supervisor _____

Vehicle Information

Make _____ Model _____ Year _____ Tag # _____ State _____ Color _____

Other Permitted Occupants

List the head of your household and all other occupants who will live in your home. Give the relationship of each occupant to the head of household.

Member	Full Name	Birth date	Relationship	Age	Social Security Number	Student?
Head						
2						
3						
4						
5						
6						

Have you or any person listed above ever been convicted of a felony? No _____ Yes _____ If yes, please explain _____

Does anyone live with you who is not listed above? No _____ Yes _____ If yes, who _____

Does anyone plan to live with you in the future who is not listed above? No _____ Yes _____ If yes, who _____

Please enter the information that pertains to you. **Monthly income** is required to determine if you will qualify for the apartment you desire. You will need to provide us with the information needed to verify this (i.e. check stubs, banking information, tax returns, etc). All entered information should be entered in **a dollar amounts** (not name).

Source	Applicant	Co-Applicant	Other members 18 yrs or older	Total
Full Time Employment				
Part Time Employment				
Overtime Pay				
Commissions				
Bonuses				
Tips				
Fees				
Unemployment Benefits				
Workers Compensation				
Alimony/Child Support				
Welfare/AFDC				
Interest & Dividends				
Net Income for Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc. (Received Periodically)				
Other				
Total Monthly Income In Dollar(\$) Amounts	\$	\$	Total \$	\$

Your total monthly income is one of the most essential items on your application. Our company policy is as follows "Rent Should Not Exceed one-third of the applicant's gross monthly income." Most likely your income will be derived from your primary employment: However, we will consider any other income sources you want to list in the above section.

Management Services runs full background checks on all applications including but not limited to **credit and criminal**. Any one over the age of 17 will have a criminal report pulled on them for an additional \$10.

*****If you are self-employed, we may require copies of you Income Tax Returns*****

In case of an emergency, illness, or accident, please notify: Name _____ Phone # _____

List any other person who will not live with you, but will have your permission to enter the premises.

NO Personal Checks Accepted For Applications or Security Deposits. They will need to be paid In Certified Funds or Cash Only.

PLEASE READ CAREFULLY BEFORE SIGNING

Management Services provides rental service for Property Owners. We represent their interests in All Rental Transactions. Rental units are offered on First Come, First Serve basis to qualified applicants. Rentals are not held without a SIGNED Residential Lease Agreement and PAID Security Deposit. Security deposits, unless otherwise stated, are equal to one months rent; however, we reserve the right to require additional Security Deposit in the case of unsatisfactory credit or other verification. Your application can be denied if your credit history shows unpaid judgments, liens, charge-offs, repeated late payments, or poor landlord references. Failure to take occupancy of rental property will result in forfeiture of any security deposit monies paid.

I do hereby authorize and give permission for Management Services to obtain a Credit Report through the local Credit Bureau, to verify landlord, employment, and any other information provided on this application in order to process my application. In the event I leave owing Management Services monies, I do hereby authorize Management Services to run an additional credit report to locate my whereabouts. I understand this application WILL NOT be processed without payment of the \$30 application fee per person and that this application fee is NON-REFUNDABLE.

I certify that I am of legal age and that all the information provided on this application is correct and true to the best of my knowledge.

Tenant Release & Consent

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employments, criminal history, income and/or assets to Management Services for purposes of verifying information on my/our apartment.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verification and inquires that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified Tenant.

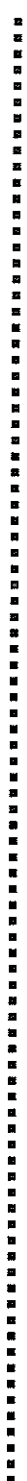
GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but are not limited to:

- *Past & Present Employers
- *Welfare Agencies
- *Veterans Administration
- *Previous Landlords (including Public Housing Agencies)
- *State Unemployment Agencies
- *Retirement Systems
- *Support & Alimony Providers
- *Social Security Administration
- *Banks and other Financial Institutions
- *Medical & Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a 90 days from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.



SIGNATURES

Applicant/Resident	Print Name	Date
Co-Applicant/Resident	Print Name	Date
Co-Applicant/Resident	Print Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

For Credit Card payments, Management Services assesses a convenience fee of 3% based on the total transaction amount each time the service is used.

Payment: Check _____ Cash _____ VISA _____ MC _____ Discover _____ Exp. Date _____

Card # _____ Security Code _____

Your Billing Address Zip Code _____